

# STATE OF IDAHO – Office of the State Controller

## ACCESS OR APPROVAL AUTHORIZATION

Form: AUTHFORM

Rev. 6/6/2003

### SECTION 1

Contact Name: _____	Phone: _____	Date: _____
Agency Name: _____		Agency Number: _____
Agency Address: _____		

Action Codes	Authorization Codes		
	See Form instructions for details about codes and completing this form.		
	Accounting Access	Payroll / Personnel Approval	Other Access
<b>A = ADD</b>  <b>C = CHANGE</b>  <b>D = DELETE</b>	1. 1099 2. FAS 3. Nomad 4. P-Card 5. STARS 6. Travel Express 7. All Codes of Accounting	11. Payroll Forms 12. IPOPS Payroll / Termination Signer 13. IPOPS Personnel Signer 14. IPOPS Position Control Signer 15. Personnel Forms 16. I-Time CPO 17. All Above Codes of Payroll / Personnel 18. Signed By	21. Misc. Mainframe Access (including FTP) 22. EIS Online Inquiry 23. Surplus Property Declaration 24. All Codes of Other Access

### SECTION 2

Enter Action Code	Agent Authorized to Request Secure Access (web / mainframe) or Approve Documents	Enter Authorization Code(s)
	Print Name: _____ Position title: _____	
	Phone: _____ E-Mail: _____	
	Signature: _____	

**Comments:**

This signed document authorizes the above agent to sign documents, to monitor access to Internet applications, or to request security changes for the State Controller's Office (SCO), Computer Service Center's (CSC) mainframe applications according to the selected authorization code(s). The State Controller's Office shall recognize only the above individual's sanctioned written signature; electronic signature; or electronic communication using a unique user identification and password ascribed by the SCO (state payroll system). Any electronic signature employed for this authorization shall comply with the Electronic Signature and Filing Act, Idaho Code 67-2351 through 67-2357. The date of the agency head signature will serve as the effective date for each authorization and the most recent date will supersede any prior authorizations.

The agency head hereby agrees to ensure compliance with applicable laws, rules, regulations, policies and/or procedures prescribed for each authorization. As needed, the State Controller's Office will provide policies or procedures pertinent to the SCO documents or access authorizations cited above.

### SECTION 3

Approved By: _____	Date: _____
Agency Head Signature	

Per the form instructions: send the Original form to the State Controller's Office and keep a copy of the form at your agency.